



## Practitioner Network Interest Profile Form

Please complete all applicable sections. Required fields are denoted with an asterisk\* and are required for contracting and all incomplete forms will be returned to the provider. Upon completion, please email to: [MedicaidProviderOperations@healthspring.com](mailto:MedicaidProviderOperations@healthspring.com)

### Practitioner Information

Practitioner Name\*:

Date:

Product\*:  STAR+PLUS (Medicaid # required for contracting)  MMP (Hidalgo County Only) (Medicare # required for contracting)

Desired role\*:  PCP  Specialist  Hospitalist  Behavioral Health

NPI\*: TIN\*: Medicaid # [STAR+PLUS Only]\*: Medicare # [MMP Only]\*:

CAQH# (if applicable):

### Practice/Specialty Information

Practice Location\*:

County:

Primary Specialty\*:

Secondary Specialty\*:

Is practitioner joining a participating group of Cigna-HealthSpring providers?  Yes  No

Group Name\*:

Group TIN\*:

Group NPI\*:

Do you have admitting privileges/affiliations at a hospital? \*  Yes  No

If "Yes," please list the hospital(s) where you have active/admitting privileges\*:

NP or PA only\* Supervising Physician Name:

NP or PA only\* Supervising Physician NPI:

### Credentialing Information

Credentialing Contact\*:

Contact Phone\*:

Credentialing Contact Email\*:

Mailing Address, City, State and Zip\*:

**For any questions or to check status of your request, please contact our Provider Services department at 1-877-653-0331.**

**Mail to: 2208 Highway 121 Suite 210, Bedford, TX 76021 Phone: 1-877-653-0331 <http://starplus.cignahealthspring.com>**

Once form is submitted via email, a decision will be rendered and you will receive notification in approximately 30-90 business days. Determinations are based on network need and current availability of services. **Please Note:** Requesting, obtaining or submitting a profile form does not guarantee or imply that you will be accepted to participate in the Cigna-HealthSpring network, nor does it entitle you to payment of services rendered to a Cigna-HealthSpring member prior to receiving written confirmation of an effective date and meeting any and all applicable authorization requirements. All providers are subject to Cigna-HealthSpring credentialing requirements and applicable state and federal guidelines as set forth in the Cigna-HealthSpring provider agreement.

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